

Expiration Date:

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE.		PAGE 1 OF 2 PAGES	
1. REQUEST NO. 21451-0009-07	2. DATE ISSUED 12/15/2006	3. REQUISITION/PURCHASE REQUEST NO. 0881-07	4. CERT.FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING —	
5a. ISSUED BY Bureau of Prisons FCI Fort Dix PO Box 38 Hartford Road Fort Dix NJ 08640			6. DELIVERY BY (Date)		
			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule)		
5b.FOR INFORMATION CALL (NO COLLECT CALLS)			9. DESTINATION		
NAME Kevin Hoff		TELEPHONE NUMBER (Include Area code) (609) 723-1100 EXT 130		a. NAME OF CONSIGNEE MCC NEW YORK	
8. TO			b. STREET ADDRESS		
a. NAME		b. COMPANY		150 PARK ROW	
c. STREET ADDRESS			c. CITY NEW YORK		
d. CITY		e. STATE	f. ZIP CODE		d. STATE NY
					e. ZIP CODE 10007
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date)		IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.			
11.SCHEDULE (Include applicable Federal, State and local taxes)					
11A. ITEM NO.	11B. SUPPLIES/SERVICES	11C. QUANTITY	11D. UNIT	11E. UNIT PRICE	11F. AMOUNT
0001	STYROFOAM CLAM SHELL HINGED CONTAINER 9x9. 200 PER CASE	300	CS		
0002	SPORKS. KNIFE & NAPKINS 3/1 KITS 250 PER CASE	1,500	CS		
0003	CUPS 8OZ. STYROFOAM	100	CS		
0004	CUPS 12OZ. STYROFOAM	100	CS		
0005	STYROFOAM 9" PLATES. 500 PER CASE	100	CS		
0006	CLEAR HEAVY DUTY PLASTIC BAGS. 38X60. 14 MICRON	50	CS		
0007	BOUFFANT HATS DISPOSABLE 1000PCS	25	CS		
0008	DISPOSABLE GLOVES SIZE LARGE 10000 PCS	100	CS		
0009	PLASTIC APRONS DISPOSABLE 24X42 1000 PCS	25	CS		
0010	DISPOSABLE BEARD GUARDS 1000 PCS	25	CS		
TOTAL					
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	CALENDAR DAYS (%)
					NUMBER PERCENTAGE
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.					
13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER					
b. STREET ADDRESS					
c. COUNTY			16. SIGNER		
d. CITY			a. NAME		
e. STATE			b. TELEPHONE (Include Area code)		
f. ZIP CODE			c. TITLE (Type or print)		